PART I

COMMONWEALTH OF VIRGINIA

SCHOOL ENTRANCE PHYSICAL EXAMINATION AND IMMUNIZATION CERTIFICATION

HEALTH INFORMATION SECTION: *(PART I to be completed by parent or guardian) Please Print or Type! Thank you.*

udent's Name: _____
LAST FIRST MI

Complete Date of Birth: (MO / DAY / YR) ; Sex: ; Number of Children in Family: ; State or Country of Birth: _____

Social Security #: ; I.D. #: _____

Parent or Legal Guardian: _____

Address: _____ ; City: _____ ; Zip:

Home Phone: (area code) ; Work Phone: (area code)

School's Name: _____ ; Grade:

In case of emergency, notify: (other than parent or guardian) Please list Name, address, and Complete Phone Number (area code and number).

1) _____ Phone: (area code)

2) _____ Phone: (area code)

Birth History (weight, prematurity, any other problems at birth): _____

Allergies to food, medicine, insect bites/stings, or other: _____

____ Check here if you wish to discuss confidential information with school authorities.

	EQUIPMENT USED BY CHILD (please check those that apply)		CHRONIC OR RECURRING CONDITIONS (please check those that apply)
	Prosthesis (e.g., cane, crutch, limb)		Ear Infections
	Brace		Hard of Hearing
	Hearing Aids		Seizures/spells
	Glasses		Kidney Disease
	Helmet		Sickle Cell Anemia (not trait)
	Wheelchair or Walker		Head, spinal cord injury, or disease of central nervous system
	Special Shoes		Eye Diseases
	Other (Please List!):		Heart Disease
			Asthma
			Diabetes
			Other (Please List!):

Names of medical specialists, dentists, or special clinics caring for child: _____

Prescription medicines taken regularly (LIST): _____

nations (dates): _____

pitalizations (dates): _____

Other Important Information about your child: _____

****I give my permission for the school nurse/school to contact the examining physician to discuss any information contained on this form.

Signature of Parent/Legal Guardian: _____ ; Date (mo,day,yr): _____